

STATE OF HAWAII WASTEWATER OPERATOR CERTIFICATION RE-EXAMINATION APPLICATION

Mail to:

Board of Certification of Operating
Personnel in Wastewater Treatment Facilities
Department of Health, State of Hawaii
1350 Sand Island, Bldg. 3A
Honolulu, HI 96819
Ph. (808) 832-5478
Fax (808) 832-3496

DO NOT WRITE IN THIS SPACE

Date received: _____
Amount received: _____
Amount due: _____
Total CEUs: _____
Comments: _____

INSTRUCTIONS ON COMPLETING THIS APPLICATION ARE ATTACHED.

SECTION A: GENERAL INFORMATION

(Please Print) (LAST) (FIRST) (M.I.)

Street, Box, Route

City and State Zip Code
() ()
Home Phone Work Phone

SECTION B: APPLICATION AND EXAMINATION FEE

1. Applying for Examination for Operator Certification: ☐ 1 ☐ 2 ☐ 3 ☐ 4
Check appropriate box or boxes if requesting two examination levels. **Grade level must be indicated.**
2. **Examination Fee: \$50.00 for each exam.** _____ Exams X \$50 = _____ (Total Fee)

Attach check or money order payable to the STATE OF HAWAII. DO NOT SEND CASH THROUGH THE MAIL.

SECTION C: SIGNATURE

I certify that all the information contained in this application is true and correct to the best of my knowledge and belief. I understand that knowingly making false statements may result in revocation of any certificate granted to me under the provisions of Hawaii Administrative Rule, §11-61-5(d)(1).

I also consent to allowing the Board to investigate and verify my employment record and other statements for the purpose of determining qualification for certification examination.

Signature: _____ Date: _____

IMPORTANT NOTICE: NO REFUNDS OR CREDITS WILL BE GIVEN TO APPLICANTS FAILING TO SIT FOR ANY EXAMINATION.

DID YOU REMEMBER TO INCLUDE -

- *APPLICATION FEE - \$50.00 PER EXAMINATION;**
- *CURRENT ADDRESS AND PHONE NUMBER;**
- *YOUR SIGNATURE AND DATE?**

FORM 2 APPLICATION FOR RE-EXAMINATION FOR CERTIFICATION

GENERAL INFORMATION

The following information is provided to assist the applicant in completing the APPLICATION FOR RE-EXAMINATION FOR CERTIFICATION form.

Please follow instructions and complete all of the sections. Failure to complete the application correctly, failure to provide the required information, or failure to submit the application on or before the application due date are all grounds to deny processing the application. There will be no exceptions to this.

WHO SHOULD USE THIS FORM

If you have previously taken or qualified for the examination that you are applying for, use this form. If you have not taken or previously qualified to take the examination you are applying for, use the APPLICATION FOR EXAMINATION FOR CERTIFICATION form.

IMPORTANT NOTICE: NO REFUNDS OR CREDITS WILL BE GIVEN TO APPLICANTS FAILING TO SIT FOR ANY EXAMINATION

SECTION A: GENERAL INFORMATION

This information must be completely filled out. All information requested must be supplied. No exceptions will be accepted. Information supplied in this section will be used to contact and mail all correspondence to you.

SECTION B: APPLICATION AND EXAMINATION FEE

1. The applicant must state which examination(s) is being applied for. Check the appropriate box(es). No more than two examinations can be applied for at any one time.
2. **For each examination applied for in item 1 above, submit a \$50.00 examination fee.** Examination fee(s) must be paid in full by check or money order payable to the STATE OF HAWAII. Do not send cash through the mail.

The Board will verify all applications for RE-EXAMINATION. If the applicant has not taken or previously qualified for the examination being applied for, the Board will reject the APPLICATION FOR RE-EXAMINATION.

SECTION C: SIGNATURE

You must sign and date the application. Unsigned/undated applications will be returned to the applicant provided that the application is received five (5) working days prior to the application due date. Unsigned/undated applications received less than five days prior to the application due date will not be returned and applicants will not qualify to take any examinations.